| | | | | | | | | i | | | | | |
|--|--|---|---------------|----------------------|---------------------------------------|------------------|-----------|-------------------|------------------------|----|---------------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECOR | | | | | | | | , , | | | or Docket Number | | |
| | | | | | | | | 09909367 | | | | | |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY TYPE | | OR | OTHER THAN R SMALL ENTITY | | |
| TOTAL CLAIMS | | | 28 | | | | Γ | RATE | FEE | 1 | RATE | FEE · | |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | В | BASIC FEE 355 | | OR | BASIC FEE | 710.00 | |
| TOTAL CHARGEABLE CLAIMS | | | ∂{ _minus 20= | | . 8 | | | X\$ 9= | 72 | OR | X\$18= | | |
| INDEPENDENT CLAIMS | | | | | • / | | t | X40= | 40 | OR | X80= | - *** | |
| MU | LTIPLE DEPEN | DENT CLAIM P | RESENT | | - | | | +135= | l bo | OR | +270= | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | L | TOTAL | 467 | OR | TOTAL | | |
| CLAIMS AS AMENDED - PART II | | | | | | | | TOTAL | 901 | | OTHER | THAN | |
| | | (Column 1) | (Column | | | (Column 3) | mn 3) SM/ | | ENTITY | OR | SMALL | ENTITY | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | : | NUM PRÉVI | HEST MBER OUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | • | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | | |
| | Independent | * | Minus | *** | | = | | X40= | | OR | X80= | | |
| | FIRST PRESE | NTATION OF M | ULTIPLE DEF | PENDEN | T CLAIM | | · | +135= | - | OR | +270= | | |
| | | | | | | | L | TOTAL | | | TOTAL ADDIT, FEE | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | ODIT. FEE | 1 | , | AUDIT. FEE | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | , | HIGI NUM PREVI | HEST MBER OUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | · · · · · · · · · · · · · · · · · · · | = | | X\$ 9= | | OR | X\$18= | | |
| | Independent | • | Minus | *** | |]= | | X40= | | OR | X80= | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT | | | | T CLAIM | | ¹ ├ | +135= | | OR | +270= | | |
| | | | | | | | L | TOTAL | | | TOTAL | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | DDIT. FEE | | | ADDIT. FEE | | |
| AMENDMENT C | | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | HIG NUM PREV | HEST MBER IOUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | | Minus | | | = |] [| X\$ 9= | | OR | X\$18= | | |
| ME | Independent | | Minus | | | = |] - | X40= | | OR | X80= | | |
| | I | | LUTIOLE OF | | T OI A 14 4 | 4 1 | | | | | - | | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

OR

OR

+135=

ADDIT. FEE

TOTAL

+270=

TOTAL ADDIT. FEE